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	S Complete if Known						
FEE TRANSMIT	Application No.		09	09/654,406			
OIPE	Filing Date		Se	eptember 1, 2000			
27 (6)		med I	nvento	or W	Walter J. Dobrovolny et al.		
3 NOV 1 3 2000 🗐	Group Art Unit		37	3732			
NOV 1 3 2000	Examiner Name		me				
	Atty. Do	cket l	Numbe	er M	81.12-0051		
METHOD OF PAYMENT (Check One) 1. [X] The Commissioner is hereby authorized to charge	3. ADDIT	IONAL		EE CALCULA	TION (Continued)		
any additional fee required under 37 C.F.R. 1.16 and 1.17 and credit any over payments to Deposit Account No.11-0982.			all Entity	e Fee D	Fee Description Fee		
Deposit Account Name: Kinney & Lange, P.A.	105 13	30 .205	65	Surcha	arge - Late filing fee or oath	<u>65.00</u>	
2 [X] Check Enclosed	127 5	50 227	7 25		arge - late provisional filing fee	*	
FEE CALCULATION	139 1	30 139	9 130		er sheet English specification	*	
1. BASIC FILING FEE	147 2,5	20 147	7 2,520	0 For Fil	ling a Request for Reexamination	*	
Large Entity Small Entity		10 21	·		sion for reply within first month	*	
Fee Fee Fee <u>Code (\$) Fee Description</u>		390 210			sion for reply within second month	*	
101 710 201 355 [X] Utility Filing Fee		390 21			sion for reply within third month	*	
106 320 206 160					sion for reply within fourth month	*	
108 710 208 355 [] Reissue Filing Fee					sion for reply within fifth month	*	
_		390 280				_	
Subtotal (1) \$355.00	1	310 22		_	a brief in support of an appeal	*	
2. EXTRA CLAIM FEES	121 2	270 22	1 13	·	est for oral hearing	*	
Number Prior** Extra Fee from Fee Paid Claims Below	148 1	110 24	8 5	55 Termi	nal Disclaimer Fee	_	
Total $28 - 20 = 8 \times 9 = 72$	140 1	110 24	0 5	55 Petitio	on to revive - unavoidable	-	
Indep. $2 - 3 = 0 \times 40 = 0$	141 1,2	240 24	1 62	20 Petitio	on to revive - unintentional	*	
Multiple Dependent Claims 0 = 0	142 1,2	270 24	2 65	50 Utility. copies	/Reissue issue fee (inc. advance s)	*	
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below Large Entity Small Entity		130 12			ons to the Commissioner	*	
Fee Fee Fee Description Code (\$) Code (\$)		50 12			ons related to provisional application	s -	
103 18 203 9 Claims in excess of 20	1	240 12			nission of Information Disclosure		
102 80 202 40 Independent claims in excess of 3				State		*	
104 270 204 135 Multiple Dependent Claim	581	40 58	1 4	40 Reco	rding each patent assignment per erty (times number of properties)		
109 80 209 40 Reissue Independent Claims	Other for	(enacif.·\		prope	.06.	<u> </u>	
Over Original Patent 110 18 210 9 Reissue claims in excess of 20 and over original patent Subtotal (2) \$72.00	Other fee ((specify)		y. Levon #3	< <u>'</u>	105.00	
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Signature Rewith.	Reg. No				30,214		
Date Morender 8th 2000							
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